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APPLICANTS

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non ** CONTINUING DATA *****

non ** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance Verified and Acknowledged	Examiner's Signature _____ Initials <i>210</i>	STATE OR COUNTRY AL	SHEETS DRAWING 5	TOTAL CLAIMS 16 20	INDEPENDENT CLAIMS 5
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 24504
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TITLE
 System and method for interleaving forward error correction code words across multiple communication connections

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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